

# The Standardized Program Evaluation Protocol (SPEP™):

**Service Score Results:** Baseline SPEP™ ID and Contact Time: 0348-T01

Agency/Program Name: Clear Vision Residential Treatment Services, Inc.

Service Name: Trauma Warriors

Cohort Total: 11

Cohort Time Frame: Youth that began the service on/after January 1, 2021 and ended on/before April 30, 2023

Referral County(s): Dauphin (1); Luzerne (1); Lycoming (2); Mifflin (1); Monroe (1); Montgomery (1); Schuylkill (4)

Feedback Report Delivery: August 29, 2023

County/Probation Officer(s) Involved: Christine Anderton and Bill Keim - Berks County Juvenile Probation  
Ayla Allen - Mifflin County Juvenile Probation

EPIS SIS(s): Lisa Freese, Dawn Karoscik, and Lisa Fetzter

The Clear Vision Residential Facility is a 25 bed staff secure residential program licensed by the Department of Human Service and is fully staffed 24 hours per day. Clear Vision provides care for adolescent females, adjudicated delinquent or dependent, who require placement services outside the home for social, emotional, and behavioral problems. While all referrals are evaluated/interviewed on an individual basis, appropriate adolescent females should be between the ages of 13-19, able to live in a staff-secured environment and pose no serious threat to themselves or to others. Clear Vision also accepts girls who are pregnant. All residents are required to attend school managed by BLaST IU17, through the public school system of Montgomery Area School District, Lycoming County. While the students focus on education, numerous services are incorporated into the treatment plan. Clear Vision is a goal-oriented program (not a level system). Adolescent females who have a violent assault history, severe mental health issues, or who are actively psychotic typically would not be appropriate candidates. Life Skills Training, Family and Individual Counseling, Group Counseling, and Thinking for a Change are a few treatment modalities utilized.

The focus of this report is the Trauma Warriors Group. This group is 17 weeks in length and has been run 3 times thus far. It occurs when Thinking for a Change (T4C) is not being delivered. It is based off of the work of Angela Shelton, an American screenwriter and survivor of sexual molestation. A former counselor developed a manual on a number of different topics, such as sexual and domestic violence. All girls take the Adverse Childhood Experiences (ACE) checklist as part of the intake process. Each girl receives a packet of worksheets and homework is given. The group is one hour once per week; they role play on potential responses to trauma: fight, flight or freeze. The girls may also meet with Bucknell college students for individual work tied to the group.

**The four characteristics of a service found to be the most strongly related to reducing recidivism:**

**1. SPEP™ Service Type:** Group Counseling

**Based on the meta-analysis, is there a qualifying supplemental service?** No

**If so, what is the Service Type?** There is no qualifying supplemental service

**Was the supplemental service provided?** N/A **Total Points Possible for this Service Type:** 30

**Total Points Received:** 30 **Total Points Possible:** 35

**2. Quality of Service:** Research has shown that programs that deliver service with high quality are more likely to have a positive impact on recidivism reduction. Monitoring of quality is defined by existence of written protocol, staff training, staff supervision, and how drift from service delivery is addressed.

**Total Points Received:** 5 **Total Points Possible:** 20

**3. Amount of Service:** Score was derived by calculating the total number of weeks and hours received by each youth in the service. The amount of service is measured by the target amounts of service for the SPEP™ service categorization. Each SPEP™ service type has varying amounts of duration and dosage. Youth should receive the targeted amounts to have the greatest impact on recidivism reduction. Targeted duration and dosage for this service is 24 weeks, 40 hours.

<u>0</u>	youth in the cohort of	<u>11</u>	received the targeted Duration or Number of Weeks for a total	<u>0</u>	points
<u>0</u>	youth in the cohort of	<u>11</u>	of received the targeted Dosage or Number of Hours for a total of	<u>0</u>	points

**Total Points Received:** 0 **Total Points Possible:** 20

**4. Youth Risk Level:** The risk level score is compiled by calculating the total % of youth that score above low risk, and the total % of youth who score above moderate risk to reoffend based on the results of the YLS. The Risk Levels of Youth admitted to the service were: 1 low risk, 4 moderate risk, 5 , high risk, and 0 very high risk.

<u>9</u>	youth in the cohort of	<u>10</u>	are Moderate, High, Very High YLS Risk Level for a total of	<u>10</u>	points
<u>5</u>	youth in the cohort of	<u>10</u>	are High or Very High YLS Risk Level for a total of	<u>13</u>	points

**Total Points Received:** 23 **Total Points Possible:** 25

**Basic SPEP™ Score:** 58 total points received out of 100 points. Compares service to any other type of SPEP™ therapeutic service. (e.g. individual counseling compared to cognitive behavioral therapy, social skills training, mentoring, etc.)

**Note:** Services with scores greater than or equal to 50 show the service is having a positive impact on recidivism reduction.

**Program Optimization Percentage:** 61% This percentage compares the service to the same service types found in the research. (e.g. individual counseling compared to all other individual counseling services included in the research.)

## The SPEP™ and Performance Improvement

The intended use of the SPEP™ is to optimize the effectiveness of reducing recidivism among juvenile offenders. The service could improve its capacity for recidivism reduction by addressing the following recommendations:

### 1. Regarding Quality of Service Delivery:

#### a. Written Protocol:

- i. While workbooks are provided to each resident and address the material discussed during group, documentation of how to use the workbooks is lacking. A manual specific to the delivery of the Trauma Warriors group will provide an outline for staff to use for delivering Trauma Warriors in the absence of the Executive Director.
- ii. Written protocol should be outlined in detail and include the many resources available that could be used in the delivery of the group, to allow for continued flexibility and individualization of treatment for the residents.
- iii. Program materials should specify why this curriculum is recommended for all residents, not just those where there is known trauma.
- iv. Review of the written protocol or manual (once created) should occur at predetermined timeframes and be documented.

#### b. Staff Training:

- i. Create and provide training specific to the delivery of the Trauma Warriors group and note what staff experiential and educational requirements are to deliver the group.
- ii. Include in written policy the requirement of the training and document the completion of the training for each staff member.
- iii. Document conference attendance and other booster training specific to the delivery of the Trauma Warriors group or trauma-informed care.
- iv. Provide in writing that the Executive Director created the group and therefore, can appropriately provide guidance and monitoring of group delivery.

#### c. Staff Supervision:

- i. Routine observations of facilitators of the Trauma Warriors group should occur and be documented. This allows for the staff to receive positive feedback as well as suggestions on ways to improve facilitation for future groups. This can be done in a “co-facilitation” group to allow for a more organic technique of observation not noticed by the participants.
- ii. It is recommended that the Executive Director observe delivery of the group and share written feedback on the delivery of group.
- iii. Performance reviews or evaluations should include a reference to the quality of service delivery specific to the delivery of the Trauma Warriors group.

#### d. Organizational Response to Drift:

- i. Create a policy that identifies and addresses departure from fidelity and quality of service delivery not just personnel sanctions for failure to adhere to job responsibilities.
- ii. Document when the policy is utilized or reviewed.
- iii. Include a specific set of corrective action steps should drift from service delivery occur.
- iv. Create a mechanism to collect data on the effectiveness of the Trauma Warriors group.
- v. Utilize the data to adapt or improve service delivery.

### 2. Regarding Amount of Service:

- a. While the population of Clear Vision has been dominantly child welfare referrals more recently, it is recommended that admission paperwork and staff testimony during court reviews for delinquent females, include language supporting the targeted number of hours and weeks that a group counseling service should be, as supported by research.